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Bib Data Sheet

CONFIRMATION NO. 2963

SERIAL NUMBER 10/642,998	FILING DATE 08/18/2003 RULE	CLASS 434	GROUP ART UNIT 3715	ATTORNEY DOCKET NO. GUID.058PA
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** CONTINUING DATA *****

QD 2/1/06

** FOREIGN APPLICATIONS *****

QD 2/1/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/13/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	DRAWING 22	CLAIMS 96	CLAIMS 11
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials				

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TITLE

Sleep quality data collection and evaluation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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